



Licensing and Regulation  
PO Box 43098  
Olympia WA 98504-3098  
[www.liq.wa.gov](http://www.liq.wa.gov)  
Phone: (360) 664-1600  
FAX: (360) 753-2710

## LEASE INFORMATION AFFIDAVIT (RCW 66.24.010/WAC 314-12-035)

This affidavit is provided to the Washington State Liquor Control Board as replacement to a copy of the lease and/or the assignment, assumption and consent of lease for the below premises. Information on this document should directly reflect the information on the current lease/assignment agreement.

### Lease Information:

(1) Trade Name \_\_\_\_\_ (2) Liquor License No. \_\_\_\_\_

(3) Lease is for (check one or both:) ☐ Real property (4) ☐ Personal property

(5) Address of real property \_\_\_\_\_

(6) Name of Landlord(s): \_\_\_\_\_

(7) Name of tenant(s):  
(LLC, partnership, corporation, etc.) \_\_\_\_\_

(8) Monthly rent: \$ \_\_\_\_\_ (9) Percentage (%) of profit to landlord \_\_\_\_\_

(10) Lease expiration date \_\_\_\_\_

I/we declare under penalty of perjury that all information provided is true and complete to the best of my knowledge, and that at the time of signing the lease is valid. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake are cause for denial of a license or revocation of any liquor licenses currently held.

(11) \_\_\_\_\_ (12) \_\_\_\_\_  
Print name Print Name

(13) \_\_\_\_\_ (14) \_\_\_\_\_  
Signature of landlord(s) Date Signature of tenant Date  
(If landlord representative is signing, attach a landlord (Sole proprietor, officer, partner, LLC member, etc.)  
authorization or power of attorney)